#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 1 of 69

Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
Northern District of: Illinois (State)	
Case number (if known)	Chapter you are filing under:
	Chapter 7 Chapter 11
	☐ Chapter 12 ☐ Chapter 13

#### Official Form 101

#### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pá	art 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	Lester	
		First name	First name
	Write the name that is on your government-issued	A	
	picture identification (for	Middle name	Middle name
	example, your driver's license or passport	Reed	
	licerise or passport	Last name	Last name
	Bring your picture identification to your	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	meeting with the trustee.	(= , = , , ,	
2.	All other names you		
	have used in the last	First name	First name
	8 years		
	Include your married or	Middle name	Middle name
	maiden names.		· · · · · · · · · · · · · · · · · · ·
		Last name	Last name
		First name	First name
		riist nane	riistiidille
		Middle name	Middle name
		Triadio Hario	Wildard Hallio
		Last name	Last name
3.	Only the last 4 digits	XXX - XX- 0659	xxx - xx-
	of your Social Security number or		
	federal Individual	OR	OR
	Taxpayer Identification number	9 xx - xx-	9 xx - xx-
	(ITIN)		

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 2 of 69

D	ebtor 1 Lester First Name	A Reed  Middle Name Last Name	Case number (if known)			
	i ii st ivaine	Wildlie Name Last Name				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.			
	Identification Numbers (EIN) you have used in the last	Business name	Business name			
	8 years	Business name	Business name			
	Include trade names and doing business as names	EIN	EIN			
		EIN	EIN			
5.	Where you live		If Debtor 2 lives at a different address:			
		9978 S 84th Terrace				
		Number Street	Number Street			
		107				
		Palos Hills Illinois 60465				
		City State Zip Code	City State Zip Code			
		, i				
		Cook				
		County	County			
		If your mailing address is different from the one	If Debtor 2's mailing address is different from yours,			
		<b>above, fill it in here.</b> Note that the court will send any notices to you at this mailing address.	<b>fill it in here.</b> Note that the court will send any notices to this mailing address.			
		notices to you at this maining address.	tilis mailling address.			
		Niumbar Ctroot	Niumbay Ctycot			
		Number Street	Number Street			
_		City State Zip Code	City State Zip Code			
6.	Why you are choosing this district	Check one:	Check one:			
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)			

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 3 of 69

Debtor 1 Lester	Α		Case number (if known)	
First Name	Middle Name	Last Name		
Part 2: Tell the Court Abo	out Your Bankruptc	ey Case		
7. The chapter of the Bankruptcy Code you are choosing to file under		rief description of each, see <i>Notice Requ</i> 32010)). Also, go to the top of page 1 and	uired by 11 U.S.C. § 342(b) for Individuals Filing for discharge the discharge of the discharge for th	•
8. How you will pay the fee	more details ab cashier's check may pay with a  I need to pay the Individuals to F  I request that rejudge may, but the official pove you choose this	cout how you may pay. Typically, if you, or money order If your attorney is a credit card or check with a pre-printer. The fee in installments. If you choose Pay Your Filing Fee in Installments (Omy fee be waived (You may request is not required to, waive your fee, ancerty line that applies to your family size.	e this option, sign and attach the Application for	th cash, r attorney for  By law, a 50% of ments). If
9. Have you filed for bankruptcy within the last 8 years?	No.  Yes. District  District  District	When When When	Case number  MM / DD / YYYY  Case number  MM / DD / YYYY  Case number  MM / DD / YYYYY	
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor	<u>W</u> hen <u>W</u> hen	MM / DD / YYYY  Relationship to you	
11. Do you rent your residence?	✓ No. 6	andlord obtained an eviction judgment aç Go to line 12.	ngainst you and do you want to stay in your residence on Judgment Against You (Form 101A) and file it with	e?

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 4 of 69

Reed Debtor 1 Lester Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 5 of 69

 Debtor 1 First Name
 Lester
 A
 Reed
 Case number (if known)

 Last Name
 Last Name

Pa	rt 5: Explain Your Effor	rts to Receive a Brie	fing About Credit Counseling			
		About Debtor 1:		About	Debtor 2 (Sp	oouse Only in a Joint Case):
15.	Tell the court	You must check one:		You m	ust check one:	
	whether you have received briefing about credit counseling.	counseling agen	ing from an approved credit icy within the 180 days before I ptcy petition, and I received a npletion.	co	unseling ager	ing from an approved credit ncy within the 180 days before I optcy petition, and I received a npletion.
y a c fi Y	The law requires that you receive a briefing		he certificate and the payment plan, veloped with the agency.			he certificate and the payment plan, veloped with the agency.
	about credit counseling before you file for bankruptcy. You must truthfully	counseling agen	ing from an approved credit acy within the 180 days before I ptcy petition, but I do not have a appletion.	co	unseling ager	ing from an approved credit ncy within the 180 days before I ptcy petition, but I do not have a mpletion.
	check one of the following choices. If you cannot do so, you are not eligible to file.		er you file this bankruptcy petition, opy of the certificate and payment	you		er you file this bankruptcy petition, opy of the certificate and payment
If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your		from an approve obtain those ser made my reques	ked for credit counseling services and agency, but was unable to vices during the 7 days after I and exigent circumstances emporary waiver of the	I certify that I asked for credit counseling from an approved agency, but was unable obtain those services during the 7 days a made my request, and exigent circumstar merit a 30-day temporary waiver of the requirement.		ed agency, but was unable to vices during the 7 days after I st, and exigent circumstances
	creditors can begin collection activities again.	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, an what exigent circumstances required you to file this case.		rec effo una	quirement, attao orts you made able to obtain it at exigent circu	ay temporary waiver of the ch a separate sheet explaining what to obtain the briefing, why you were t before you filed for bankruptcy, and umstances required you to file this
			e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.	wit		e dismissed if the court is dissatisfied for not receiving a briefing before ruptcy.
		receive a briefing must file a certifica with a copy of the	fied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.	rec mu wit	ceive a briefing st file a certifica h a copy of the	sfied with your reasons, you must still within 30 days after you file. You ate from the approved agency, along payment plan you developed, if any. o, your case may be dismissed.
		•	he 30-day deadline is granted only mited to a maximum of 15 days.		,	he 30-day deadline is granted only mited to a maximum of 15 days.
		I am not required counseling beca	d to receive a briefing about credit use of:	I am not require counseling bed		d to receive a briefing about credit ause of:
		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
		Active duty.	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.
		about credit coun	are not required to receive a briefing seling, you must file a motion for punseling with the court.	ab	out credit cour	are not required to receive a briefing seling, you must file a motion for ounseling with the court.

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 6 of 69

Debtor 1 Lester First Name	A Middle Name	Last Name	Case number (if known)		
	estions for Reporting P				
16. What kind of debts do you have?	16a. Are your debts p "incurred by an in No. Go to line Yes. Go to line 16b. Are your debts p money for a busin No. Go to line Yes. Go to line	orimarily consumer debts andividual primarily for a per e 16b. and 17. arimarily business debts? and an arimarily business or through the services of the serv	ersonal, family, or househouse Business debts are debtough the operation of the	s that you incurred to obtain business or investment.	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under expenses are p	nder Chapter 7. Go to line 18 r Chapter 7. Do you estimate paid that funds will be availab	e that after any exempt prop	perty is excluded and administrative d creditors?	
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000 5,001- 10,001		25,001-50,000 50,001-100,000 More than 100,000	
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 million	\$10,00 00 \$50,00	,001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20. How much do you estimate your liabilities to be?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,00 \$500,001-\$1 millio	\$10,00 00 \$50,00	,001-\$10 million 0,001-\$50 million 0,001-\$100 million 00,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Part 7: Sign Below					
For you	correct.  If I have chosen to file upon title 11, United States under Chapter 7.  If no attorney represent out this document, I have	under Chapter 7, I am awa es Code. I understand the ts me and I did not pay or ave obtained and read the	re that I may proceed, if e relief available under each agree to pay someone wh notice required by 11 U.S		
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
	/s/ Lester Reed Signature of Debtor 1	1	Signature of D	Pehtor 2	
	· ·	/11/2017 MM / DD / YYYY	Executed or		

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 7 of 69

Debtor 1 Lester	Α	Reed	Case number (if k	nown)
First Name	Middle Name	Last Name		
For your attorney, if you are represented by one	eligibility to proceed un	der Chapter 7, 11, 12	2, or 13 of title 11, United	ave informed the debtor(s) about I States Code, and have explained the so certify that I have delivered to the
If you are not	debtor(s) the notice requ	uired by 11 U.S.C. §	342(b) and, in a case in w	hich § 707(b)(4)(D) applies, certify that I
represented by an	have no knowledge afte	r an inquiry that the i	information in the schedu	ules filed with the petition is incorrect.
attorney, you do not	•	. ,		·
need to file this page.	/s/ Megan Holmes		Date	7/11/2017
	Signature of Attorney	for Debtor	<del>M</del>	M / DD / YYYY
	Megan Holmes			
	Printed name			
	Semrad Law Firm			
	Firm name			
	11101 S. Western Ave	enile		
	Street	Siluo		
	Chicago		Illinois	60643
	City		State	Zip Code
	Contact phone	3128374019	Email address	mholmes@semradlaw.com
			_	
			Illinois	
	Bar number		State	

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 8 of 69

Fill in this infor	mation to identify your c	ase:	
Debtor 1	Lester	Α	Reed
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States E	Sankruptcy Court for the:	Northern	District of Illinois
			(State)
Case number (If known)			

Check	if t	his	is	an
amend	ed	filir	ng	

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

1. Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	our assets /alue of what you own
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	\$0.00
1c. Copy line 63, Total of all property on Schedule A/B	\$6,385.00
Summarize Your Liabilities  2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$6,385.00
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	<b>Your liabilities</b> Amount you owe
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$366.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$0.00
Your total liabilities	<b>#01.005.07</b>
	\$21,395.87 
Part 3: Summarize Your Income and Expenses	\$21,761.87
Summarize Your Income and Expenses	
4. Schedule I: Your Income (Official Form 106I)	\$1,063.00
Copy your combined monthly income from line 12 of Schedule I	
5. Schedule J: Your Expenses (Official Form 106J)  Copy your monthly expenses from line 22, Column A, of Schedule J	\$913.00

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 9 of 69

Deb	otor 1 Lester	Α	Reed	Case number (if known)							
	First Name	Middle Name	Last Name	_							
Part	4: Answer These Qu	estions for Administra	tive and Statistical Record	ls							
6. <b>/</b>	Are you filing for bankrupt	cy under Chapters 7, 11, o	or 13?								
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.										
	✓ Yes.										
7. <b>V</b>	7. What kind of debt do you have?										
	Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.										
		marily consumer debts. You ith your other schedules.	ou have nothing to report on this	s part of the form. Check this box and s	ubmit						
	8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.										
9.	Copy the following spec	ial categories of claims fro	om Part 4, line 6 of Schedule I	E/F:							
	From Part 4 on Schedule	e E/F, copy the following:		Total claim							
	9a. Domestic support obli	gations (Copy line 6a.)		\$0.00							
	9b. Taxes and certain other	er debts you owe the govern	ment. (Copy line 6b.)	\$0.00							
	9c. Claims for death or pe	rsonal injury while you were	\$0.00								
	9d. Student loans. (Copy	line 6f.)	\$0.00								
	9e. Obligations arising out	t of a separation agreement of g.)	\$0.00								
	9f. Debts to pension or pr	ofit-sharing plans, and other	r similar debts. (Copy line 6h.)	\$0.00							

\$0.00

9g. Total. Add lines 9a through 9f.

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 10 of 69

Fill in this	inform	nation to identify your c	ase:					
Debtor 1		Lester	А		Reed			
Deptor i		First Name	Middle N	lame	Last Name			
Debtor 2 (Spouse, if fi	ling)	First Name	Middle N	lame	Last Name			
United Sta	ates Ba	nkruptcy Court for the:	Northern		District of Illinois			
Case num	ber				(State)			
(If known)								Check if this is an
-		orm 106A/B						amended filing
Sche	dule	A/B: Prope	rty					12/1
category v responsibl write your	where le for s name	you think it fits best. Is supplying correct infor and case number (if k	Be as complete a mation. If more s known). Answer e	nd ac pace very q	asset only once. If an asset fits in m curate as possible. If two married po is needed, attach a separate sheet t uestion. · Other Real Estate You Own or	eople are to this fo	e filing together, both a rm. On the top of any a	re equally
1. Do you	ı own	or have any legal or ed	quitable interest	in any	residence, building, land, or similar	r propert	y?	
<b>✓</b>	No. G	io to Part 2						
	Yes. \	Where is the property?						
1.1	Stroot	address, if available, or	other description		t is the property? Check all that apply Single-family home	/.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.
	Sireei	address, ii avaliable, or	other description		Duplex or multi-unit building		Current value of the	Current value of the
	-				Condominium or cooperative  Manufactured or mobile home		entire property?	portion you own?
	NII	Observat		Ħ	_and			
	Numb	per Street		ш	nvestment property		Describe the nature o interest (such as fee s	imple, tenancy by
	City	State	Zip Code		Fimeshare Other		the entireties, or a life	e estate), if known.
					has an interest in the property? Ch	ieck	Check if this is co (see instructions)	mmunity property
				one.	Debtor 1 only		Ц	
					Debtor 2 only			
				Ħ.	Debtor 1 and Debtor 2 only			
					At least one of the debtors and another	•		
					er information you wish to add abou erty identification number:	t this ite	m, such as local	
If you	own o	r have more than one, li	st here:	FF	<u>-</u>			
					t is the property? Check all that apply	/.		claims or exemptions. Put red claims on <i>Schedule D:</i>
1.2	Street	address, if available, or	other description		Single-family home			ims Secured by Property.
				ш	Duplex or multi-unit building Condominium or cooperative		Current value of the	Current value of the
				ш	Manufactured or mobile home		entire property?	portion you own?
	Numb	per Street			_and		Describe the nature of	f
	IVAIII	on one		ш	nvestment property Fimeshare		Describe the nature o interest (such as fee s	imple, tenancy by
	City	State	Zip Code		Other		the entireties, or a life	e estate), if Known.
				Who	has an interest in the property? Ch	ieck	Check if this is co (see instructions)	mmunity property
					Debtor 1 only		ш	
					Debtor 2 only			
					Debtor 1 and Debtor 2 only			
					At least one of the debtors and another			
					er information you wish to add abou erty identification number:	t this ite	m, such as local	

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 11 of 69

Debtor 1	Lester First Name	A Middle Name	Reed Last Name	Case numbe	(if known)	
	et address, if available, or oth		Vhat is the property? Check all that  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land	apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i> ims Secured by Property.  Current value of the portion you own?
City	State	] ] ] ]	Investment property Timeshare Other  Who has an interest in the propert Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an	nother	Check if this is co (see instructions)	imple, tenancy by e estate), if known.
	the dollar value of the por ve attached for Part 1. Wr	p tion you own for a ite that number he				
<b>Do you ow</b> you own tl		equitable interest ou lease a vehicle, a	in any vehicles, whether they are	-	-	
S. Cars, va		ity vericles, motoro	cycles			
3.1	Make Model: Year: Approximate mileage: Other information:	Astro 1999 200000	Who has an interest in the proone.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	perty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own?  \$2725.00
	1999 Chevrolet Astro		At least one of the debtors at Check if this is community instructions)	property (see		
3.2	Make Model: Year: Approximate mileage:		Who has an interest in the proone.  Debtor 1 only	perty? Checκ	the amount of any secu Creditors Who Have Cla	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors as Check if this is community instructions)		Current value of the entire property?	Current value of the portion you own?

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 12 of 69

ebtor 1	Lester First Name	A Middle Name	Reed Last Name	Case number	r (if known)	
3.3	Make Model: Year:		Who has an interest in the prone.  Debtor 1 only	operty? Check	the amount of any secu	claims or exemptions. Pured claims on <i>Schedule laims</i> on <i>Schedule laims Secured by Property</i> .
	Approximate mileage:		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors a	and another		
			Check if this is communit instructions)	y property (see		
3.4	Make		Who has an interest in the pr	operty? Check		claims or exemptions. Pu
	Model:		one.		-	red claims on <i>Schedule I</i> aims Secured by Property.
	Year: Approximate mileage:	<del></del>	Debtor 1 only		Creditors virio mave Cia	ums secured by Property.
	Approximate mileage.		Debtor 2 only		Current value of the	Current value of the
	Other information:		Debtor 1 and Debtor 2 only		entire property?	portion you own?
			At least one of the debtors a	and another		
			Check if this is communit instructions)	y property (see		
4.1	Yes  Make  Model:		Who has an interest in the prone.	operty? Check	the amount of any secu	claims or exemptions. Pu
	Year:		Debtor 1 only		Creditors Who Have Cla	
	Approximate mileage:		Debtor 2 only			
					Current value of the	
	Other information:		Debtor 1 and Debtor 2 only			nims Secured by Property.
	Other information:				Current value of the	ims Secured by Property.  Current value of the
	Other information:		Debtor 1 and Debtor 2 only	and another	Current value of the	ims Secured by Property.  Current value of the
4.2	Other information:  Make		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit	and another ty property (see	Current value of the entire property?  Do not deduct secured	Current value of the portion you own?
4.2	Make Model:		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions) Who has an interest in the prone.	and another ty property (see	Current value of the entire property?  Do not deduct secured the amount of any secu	Current value of the portion you own?  Claims or exemptions. Pured claims on Schedule Is
4.2	Make Model: Year:		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions) Who has an interest in the pr	and another ty property (see	Current value of the entire property?  Do not deduct secured the amount of any secu	Current value of the portion you own?  Claims or exemptions. Pured claims on Schedule Is
4.2	Make Model:		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions) Who has an interest in the prone.	and another ty property (see	Do not deduct secured the amount of any secu- Creditors Who Have Cla	Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Limins Secured by Property.  Current value of the
4.2	Make Model: Year:		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions)  Who has an interest in the prone. Debtor 1 only	and another  ty property (see	Current value of the entire property?  Do not deduct secured the amount of any secured the amoun	Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Lims Secured by Property.
4.2	Make Model: Year: Approximate mileage:		Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions)  Who has an interest in the pr one. Debtor 1 only Debtor 2 only	and another  ty property (see	Do not deduct secured the amount of any secu- Creditors Who Have Cla	Current value of the portion you own?  claims or exemptions. Pured claims on Schedule Limins Secured by Property.  Current value of the
4.2	Make Model: Year: Approximate mileage:		Debtor 1 and Debtor 2 only  At least one of the debtors a  Check if this is communit instructions)  Who has an interest in the prone.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	and another ty property (see roperty? Check and another	Do not deduct secured the amount of any secu- Creditors Who Have Cla	Current value of the portion you own?  claims or exemptions. Pured claims on Schedule laims Secured by Property.  Current value of the
	Make Model: Year: Approximate mileage: Other information:	rtion you own for all	Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit instructions)  Who has an interest in the pr one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors a Check if this is communit	and another ty property (see roperty? Check and another ty property (see	Do not deduct secured the amount of any secu Creditors Who Have Cla	Current value of the portion you own?  claims or exemptions. Pured claims on Schedule wims Secured by Property  Current value of the

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 13 of 69

De	ebtor 1	Lester First Name	A Middle Name	Reed Last Name	Case number (if known)	
Pa	rt 3:		our Personal and Household			
D	o you	own or hav	e any legal or equitable intere	est in any of the followir	ng items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	Examp	_	and furnishings iances, furniture, linens, china, kitch	enware		
<u>✓</u>	No Yes. [	Describe	Misc. Furniture			\$600.00
		t <b>ronics</b> lles: Television	s and radios; audio, video, stereo, ar	nd digital equipment; comput	ters, printers, scanners; music	
<u>✓</u>		Describe	Used Electronics			\$550.00
		•	ue nd figurines; paintings, prints, or oth in, or baseball card collections; other	· ·		
	No Yes. [	Describe				
		les: Sports, ph	rts and hobbies otographic, exercise, and other hobles; carpentry tools; musical instrumer		tables, golf clubs, skis; canoes	
<b>✓</b>	No Yes. [	Describe				
	0. Fire		es, shotguns, ammunition, and relat	ted equipment		
Į.	No	iles. Fistois, iiii	es, snotguns, ammunition, and relati	tea equipment		
Ħ	Yes. [	Describe				
	<b>1. Clo</b> Examp		clothes, furs, leather coats, designer	wear, shoes, accessories		
	No					
✓	Yes. [	Describe	Misc. Men's Clothing			\$350.00
		-	ewelry, costume jewelry, engagemer r	nt rings, wedding rings, heirlo	oom jewelry, watches, gems,	
	No Yes. [	Describe				
		n-farm animal				
	Examp No	nes: Dogs, cat	s, birds, horses			
		Describe				
1	4. Any	other person	al and household items you did n	ot already list, including a	ny health aids you did not list	
<b>✓</b>	No			_		
	Yes. [	Describe				
			lue of all of your entries from Par number here	t 3, including any entries f	or pages you have attached	\$1500.00

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 14 of 69

Debt	or 1 Lester First Name	A Middle Name	Reed Last Name	Case number (if known)	
Part 4		Financial Assets			
		ny legal or equitable interest	in any of the follow	ving?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. <b>(</b>	xamples: Money you ha	ave in your wallet, in your home, in	·	d on hand when you file your petition	\$60.00
17.	Deposits of money Examples: Checking, s		certificates of deposit;	Cash:shares in credit unions, brokerage houses, stitution, list each.	
	No ✓ Yes		Institution name:		
		17.1. Checking account:			
		17.2. Checking account:			
		17.3. Savings account:			
		17.4. Savings account:			
		17.5. Certificates of deposit:			
		17.6. Other financial account:	PLS		\$600.00
		17.7. Other financial account:			
		17.8. Other financial account:			
		17.9. Other financial account:			
18.	Examples: Bond funds	, or publicly traded stocks s, investment accounts with brokera	age firms, money mark	et accounts	
	✓ No  Yes	Institution or issuer name:			
19.	an LLC, partnership,		ed and unincorporat	ed businesses, including an interest in	
	✓ No  Yes. Give specific information about them	Name of entity		% of ownership:	

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 15 of 69

Dep.	tor 1 Lester	A Middle Negree	Heed	Case number (if known)			
	First Name	Middle Name	Last Name				
20.	Government and corporate bonds and other negotiable and non-negotiable instruments  Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.  Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.						
	<b>✓</b> No						
	Yes. Give specific information about them	Issuer name:					
		-			· -		
21.	Retirement or pension Examples: Interests in IF		, thrift savings accoun	nts, or other pension or profit-sharing plans			
	<b>✓</b> No						
	Yes. List each	Type of account:	Institution name:				
	account separately.	401(k) or similar plan:					
	,	Pension plan:					
		IRA:			· -		
		Retirement account:					
		Keogh:					
		Additional account:					
		Additional account:					
22.		prepayments I deposits you have made so that with landlords, prepaid rent, public					
	Yes	Electric:					
		Gas:					
		Heating oil:					
		Security deposit on rental unit:					
		Prepaid rent:					
		Telephone:					
		Water:					
		Rented furniture:					
		Other:					
23.	Annuities (A contract fo	or a periodic payment of money to	you, either for life or f	for a number of years)			
	<b>✓</b> No						
	Yes	Issuer name and description:					
					· -		
		-					

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 16 of 69

Debt	or 1 Lester	A	Reed	Case number (if known)			
	First Name	Middle Name	Last Name				
24.		ducation IRA, in an account in (b)(1), 529A(b), and 529(b)(1).	n a qualified ABLE program, or under	a qualified state tuition program.			
	✓ No Ins	titution name and description. S	Separately file the records of any interests	s.11 U.S.C. § 521(c):			
	_						
25.			ty (other than anything listed in line 1	I), and rights or powers			
	exercisable for y	our benefit					
	Yes. Describe						
26. Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements							
	No Yes. Describe						
	<u> </u>						
27. <b>Licenses, franchises, and other general intangibles</b> <i>Examples:</i> Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses							
	✓ No  Yes. Describe						
Mor	ney or property	owed to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.		
	ney or property				portion you own?		
	Tax refunds owed				portion you own? Do not deduct secured		
	Tax refunds owed  No Yes. Give spec	to you		Federal:	portion you own? Do not deduct secured		
	Tax refunds owed  No Yes. Give speciabout the you alrea	to you		Federal: State:	portion you own?  Do not deduct secured claims or exemptions.		
28.	Tax refunds owed  No Yes. Give speciabout the you alread and the filters.	to you  cific information em, including whether dy filed the returns ax years		State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00		
28.	Tax refunds owed  No Yes. Give spec about th you alrea and the form  Family support  Examples: Past du	to you  cific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00		
28.	Tax refunds owed  No Yes. Give spectors about the you alreated and the formal support the support that it is a support that is a support t	to you  cific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State: Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00		
28.	Tax refunds owed  No Yes. Give spectors about the you alreated and the formal support the support that it is a support that is a support t	to you  dific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State:  Local:  divorce settlement, property settlemen	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00		
28.	Tax refunds owed  No Yes. Give spectors about the you alreated and the formal support the support that it is a support that is a support t	to you  dific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00		
28.	Tax refunds owed  No Yes. Give spectors about the you alreated and the formal support the support that it is a support that is a support t	to you  dific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00		
29.	Tax refunds owed  ✓ No  Yes. Give spect about the you alreated and the first support Examples: Past due  ✓ No  Yes. Give spect spec	to you  cific information em, including whether dy filed the returns ax years	l support, child support, maintenance, d	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t \$0.00 \$0.00 \$0.00		
29.	Tax refunds owed  ✓ No  Yes. Give spect about the you alreated and the following support	to you  dific information em, including whether dy filed the returns ax years	nents, disability benefits, sick pay, vacati	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00		
29.	Tax refunds owed  ✓ No  Yes. Give spect about the you alreated and the following support	ific information em, including whether dy filed the returns ax years e or lump sum alimony, spousa dific information	nents, disability benefits, sick pay, vacati	State: Local: divorce settlement, property settlemen Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00		

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 17 of 69

Deb	tor 1	Lester	Α	Reed	Case number (if known)	
		First Name	Middle Name	Last Name		
31.		erests in insurance amples: Health, disab		alth savings account (HSA); credit,	homeowner's, or renter's insurance	
		No Yes. Name the insu of each policy and		Company name:	Beneficiary:	Surrender or refund value:
32.	If y		y of a living trust, expect	someone who has died proceeds from a life insurance poli	cy, or are currently entitled to receive	
	<b>✓</b>	No Yes. Describe				
33.				you have filed a lawsuit or made urance claims, or rights to sue	e a demand for payment	
	<b>✓</b>	No Yes. Describe				
34.		ner contingent and set off claims	unliquidated claims of	every nature, including counter	rclaims of the debtor and rights	
	<b>✓</b>	No Yes. Describe				
35.	Any	y financial assets y	ou did not already list			
	<b>✓</b>	No Yes. Describe				
36.			•	n Part 4, including any entries t	. •	\$660.00
Part	5:	Describe Any B	usiness-Related Pro	perty You Own or Have an	Interest In. List any real estate in Pai	t1.
				terest in any business-related p		
	_		,gai oi oquitubie iii	in any baomicoo related p		Current value of the
	<b>✓</b>	No. Go to Part 6. Yes. Go to line 38.				portion you own? Do not deduct secured claims or exemptions
38.	Acc	counts receivable o	or commissions you alre	eady earned		
	<b>✓</b>	No Yes. Describe				
39.			nishings, and supplies ated computers, software	e, modems, printers, copiers, fax m	nachines, rugs, telephones, desks, chairs, elec	etronic devices
	<b>✓</b>	No Yes. Describe				

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 18 of 69

Deb	otor 1 Lester	A	Reed	Case number (if known)	
	First Name	Middle Name	Last Name		
40.	Machinery, fixtures,	equipment, supplies you	use in business, and tools of y	our trade	
	No				
	Yes. Describe	DJ Equiptment			
	\$1500.00				
41.	Inventory				
	_				
	✓ No				
	Yes. Describe				
42.	Interests in partners	hips or joint ventures			
	✓ No				
	<u> </u>		Name of entity:	% of ownership:	
	Yes. Give specific information about				
	them				<del>-</del>
					_
43	Customer lists, mailin	g lists, or other compilati	ons	· ·	<del>-</del>
10.		g note, or other compilati			
	✓ No				
	Yes. Do your lists	include personally identifiab	ble information (as defined in 11	U.S.C. § 101(41A))?	
	☐ No				
	<u></u>	cribe			
	100. 200	01100			
44.	Any business-related	l property you did not alre	eady list		
	<b>√</b> No				
	Yes. Give specific information				
					<del></del>
			art 5, including any entries fo	r pages you have attached	
for P	art 5. Write that numb	er here			\$1500.00
Par	Describe Any F	arm- and Commercia	al Fishing-Related Propert	y You Own or Have an Interest In.	
rai		n interest in farmland, list it ir		•	
46	Do you own or have	any legal or equitable int	erest in any farm- or commer	cial fishing-related property?	
	-	, .oga. o. oquitabio ilit	and the second s		Current value of the
	No. Go to Part 7.	_			portion you own?
	Yes. Go to line 47	<b>7.</b>			Do not deduct secured claims
47	Farm autorial				or exemptions
47.	Farm animals  Examples: Livestock.	ooultry, farm-raised fish			
	✓ No				
	Yes. Describe				
1					

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 19 of 69

Debt	tor 1 Lester First Name		Reed Last Name	Case number (if known)	
48.	Crops-either growing	or harvested			
	No Yes. Describe				
49.	Farm and fishing equi	 pment, implements, machinery, fixtur	es, and tools of trade		
	<b>✓</b> No				
	Yes. Describe				
50.	Farm and fishing supp	lies, chemicals, and feed			
	<b>✓</b> No				
	Yes. Describe				
51.	Any farm- and commo	rcial fishing-related property you did	not alroady list		
51.	No	rcial lishing-related property you did	not an eauy nst		
	Yes. Describe				
		II of your entries from Part 6, includir		ou have attached	
for Pa ▶	art 6. Write that numbe	r here			
Part		perty You Own or Have an Inter perty of any kind you did not already		t List Above	
55.		s, country club membership	iist:		
	✓ No				
	Yes. Give specific information				
	imonnation				
54. A	dd the dollar value of a	II of your entries from Part 7. Write th	nat number here		<u> </u>
Part	8: List the Totals o	f Each Part of this Form			
55. <b>F</b>	Part 1: Total real estate	s, line 2		<b>&gt;</b>	
56. <b>r</b>	oart 2 total vehicles, lir	ne 5	\$2725.00		
57. <b>P</b>	art 3: Total personal a	nd household items, line 15	\$1500.00		
58. <b>P</b>	art 4: Total financial a	ssets, line 36	\$660.00		
59. <b>F</b>	Part 5: Total business-r	elated property, line 45	\$1500.00		
60. <b>F</b>	Part 6: Total farm- and	fishing-related property, line 52			
61. <b>F</b>	Part 7: Total other prop	erty not listed, line 54			
62. 1	Fotal personal property	. Add lines 56 through 61	\$6385.00	Copy personal property total ▶	+ \$6385.00
					\$6385.00
63. <b>T</b>	otal of all property on S	Schedule A/B. Add line 55 + line 62			

		Case 17-20656	Doc 1 Filed 0 Docum	7/11/17 ment	Entered 07/11/17 Page 20 of 69	16:05:20	Desc Main
Fill	in this inforn	nation to identify your case:					
Deb	otor 1	Lester First Name	A Middle Name	Reed Last Nam	ne		
	otor 2 ouse, if filing)	First Name	Middle Name	Last Nam	ne e		
Uni	ted States Ba	ankruptcy Court for the: Nor	them Di	istrict of Illino	pis		
Cas	se number			(Sta	te)		
	nown)						_
Of	ficial F	Form 106C					Check if this is an amended filing
		C: The Propert	v You Claim a	s Exem	npt		04/16
For stat the tax- und you	each item te a specifi amount of exempt re ler a law the r exemption	c dollar amount as exent any applicable statutory tirement funds—may be not limits the exemption on would be limited to the lifty the Property You Cla	s exempt, you must s npt. Alternatively, you y limit. Some exempt e unlimited in dollar a to a particular dollar e applicable statutor im as Exempt	pecify the umay clain ions—such mount. Ho amount ar y amount.	n as those for health aids, wever, if you claim an ex nd the value of the proper	e of the prop rights to rec emption of 10	one way of doing so is to erty being exempted up to eive certain benefits, and 00% of fair market value ned to exceed that amount,
1.		of exemptions are you clain re claiming state and federa					
		re claiming federal exemption	. , .		3.0. 3 022(0)(0)		
2.		operty you list on Schedule			the information below.		
		ription of the property and nedule A/B that lists this	Current value of the portion you own  Copy the value from Schedule A/B		the exemption you claim one box for each exemption.	Specifi	c laws that allow exemption
	Brief						735 ILCS 5/12-1001(a)

\$350.00

\$600.00

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

 $\overline{\mathbf{V}}$ 

**✓** 

\$350.00

\$600.00

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

description:

Line from

Brief

Schedule A/B:

description:

Line from

Schedule A/B:

☐ No ☐ Yes

Misc. Men's Clothing

06

Are you claiming a homestead exemption of more than \$160,375?

Misc. Furniture

735 ILCS 5/12-1001(b)

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 21 of 69

Debtor 1 Lester Reed Case number (if known) Middle Name First Name Last Name Part 2: **Additional Page** Brief description of the property and **Current value of** Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you property own Check only one box for each exemption. Copy the value from Schedule A/B 735 ILCS 5/12-1001(b) Brief \$550.00 description: **✓** \$550.00 **Used Electronics** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(c); 735 ILCS Brief \$2,725.00 5/12-1001(b) description: \$2,400.00; \$325.00 Chevrolet Astro, 1999, 100% of fair market value, up to any 1999 Chevrolet Astro applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$600.00 description: **✓** \$600.00 Other financial account, 100% of fair market value, up to any PLS applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) Brief \$60.00 description:  $\overline{}$ \$60.00 Cash on Hand 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 735 ILCS 5/12-1001(d) Brief \$1,500.00 description: **✓** \$1,500.00 **DJ Equiptment** 

100% of fair market value, up to any

applicable statutory limit

Line from

Schedule A/B:

40

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 22 of 69

		DC	ocument Page 22 of 0	09		
Fill in this in	formation to identify your ca	se:				
Debtor 1	Lester	А	Reed			
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	Northern	District of Illinois			
	. ,		(State)			
Case numb (If known)	er					
Officia	l Form 106D			J		Check if this is an amended filing
Sched	dule D: Credite	ors Who Ha	ve Claims Secure	ed by Prop	ertv	12/15
			e are filing together, both are equ			
more space	is needed, copy the Addition		nber the entries, and attach it to t	• •		
	ase number (if known).					
	y creditors have claims se		•			
			with your other schedules. You hav	e nothing else to repo	ort on this form.	
<u> </u>	es. Fill in all of the information	n below.				
Part 1: Li	st All Secured Claims					
	all secured claims. If a credit			Column A	Column B	Column C
	<u></u>	· ·	ticular claim, list the other creditors order according to the creditor's	Amount of claim Do not deduct the	Value of collateral	Unsecured portion
name	•	the daine in alphabetical	oraci according to the circulor s	value of collateral.	that supports	If any
					this claim	
	R-Bankruptcy Section	Describe the property	that secures the claim:	\$366.00	\$6,385.00	\$0.00
	Box 64338	All Real and Personal P	roperty			
N	umber Street	As of the date you file	, the claim is: Check all that apply.			
		Contingent				
Chic	•	Unliquidated				
City Who	State ZIP Code owes the debt? Check one.	Disputed				
	Debtor 1 only	Nature of lien. Check	all that apply.			
⊢ Ħ.	Debtor 2 only	An agreement you	made (such as mortgage or secured			
	Debtor 1 and Debtor 2 only	car loan)				
	At least one of the debtors		as tax lien, mechanic's lien)			
	and another	Judgment lien fron	n a lawsuit			
,	Check if this claim relates to a community debt	Other (including a r	ight to offset)			
Date	debt was	Last 4 digits of accou	nt number			

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$366.00

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 23 of 69

Fill in t	this infor	mation to identify your ca	ase:		l			
Debto		Lester First Name	A Middle Name	Reed Last Name				
Debto (Spouse	r∠ e, if filing)	First Name	Middle Name	Last Name				
United	I States E	ankruptcy Court for the:	Northern	District of Illinois				
Case r	number n)			(State)				
Offic	cial F	orm 106E/F				Che	ck if this is an	amended filing
Sch	nedu	ıle E/F: Cre	ditors Who	o Have Unsecure	d Claims	i		12/15
other p Form 1 claims the ent	party to a 06A/B) a that are tries in t ).	any executory contracts and on Schedule G: Exec listed in Schedule D: C	or unexpired leases t cutory Contracts and or reditors Who Hold Cla ach the Continuation	ditors with PRIORITY claims and Pai hat could result in a claim. Also list Unexpired Leases (Official Form 106 ims Secured by Property. If more spa Page to this page. On the top of any	executory contract G). Do not include a ice is needed, copy	s on <i>Schedu</i> any creditor the Part yo	lle A/B: Prop s with partia u need, fill i	erty (Official lly secured t out, number
1. [		editors have priority un	secured claims agains	st you?				
		Go to Part 2.						
-	Yes.	vour priority upsecured	Lolaime If a creditor ha	s more than one priority unsecured clai	m list the creditor se	narately for e	ach claim. Fo	r each claim
li A	sted, ide As much Continuat	ntify what type of claim it i as possible, list the claims ion Page of Part 1. If more	s. If a claim has both pr in alphabetical order ac than one creditor holds	iority and nonpriority amounts, list that cording to the creditor's name. If you have a particular claim, list the other creditors for this form in the instruction bookle	claim here and show ave more than two p rs in Part 3.	both priority	and nonprio	rity amounts.
						Total claim	Priority amount	Nonpriority amount
2.1		epartment of Human Serv	ices	Last 4 digits of account number		\$0.00	\$0.00	\$0.00
		Creditor's Name nille: 100 S GRAND AV EA Street	ST	When was the debt incurred?  As of the date you file, the claim i apply.	n/a s: Check all that			
	Springfie	eld Illinois	62705	Contingent				
	City Who inc	State surred the debt? Check of	Zip Code	Unliquidated				
		tor 1 only		Disputed				
	Deb	tor 2 only		Type of PRIORITY unsecured clair  Domestic support obligations	n:			
	Deb	tor 1 and Debtor 2 only		Taxes and certain other debts yo	ou owe the			
	At le	east one of the debtors an	d another	government				
	_	ck if this claim relates	to a community debt	Claims for death or personal inju intoxicated	ry wniie you were			
	Is the c ✓ No ✓ Yes	aim subject to offset?		Other. Specify Notice	Only			
2.2		epartment of Human Serv	ices c/o Brittany	Last 4 digits of account number		\$0.00	\$0.00	\$0.00
		Creditor's Name		When was the debt incurred?	n/a			
	8001 S Number	Street		As of the date you file, the claim i apply.	s: Check all that			
	-			Contingent				
	Chicago City	Illinois State	60619 Zip Code	Unliquidated				
	Who inc	curred the debt? Check of tor 1 only	•	Disputed  Type of PRIORITY unsecured clair	n:			
	Deb	tor 2 only		Domestic support obligations				
	Deb	tor 1 and Debtor 2 only		Taxes and certain other debts yo	ou owe the			
	At le	east one of the debtors an	d another	government  Claims for death or personal inju	ry while you were			
	Che	ck if this claim relates	to a community debt	intoxicated  ✓ Other. Specify Notice				
	Is the c	aim subject to offset?		V Salot Specify	<u>.</u>			
Offic	Yes lar r orm	106E/F	Schedule	E/F: Creditors Who Have Unsecured	Claims			page 1

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 24 of 69

Debte	or 1	Lester A	Ree		Case number (if known)					
		First Name Midd	dle Name Last	Name						
Part :	2:	List All of Your NONPRIORITY	/ Unsecured Claims							
[	Do a	any creditors have nonpriority unse No. You have nothing to report in t Yes.	•		ourt with your other schedules.					
l I	unse f me	ecured claim, list the creditor separately	y for each claim. For each o	laim liste	f the creditor who holds each claim. If a creditor has more d, identify what type of claim it is. Do not list claims already in t 3.If you have more than four priority unsecured claims fill ou	cluded in Part 1. t the Continuation				
4.4	٨٢	DILLITY DECOVEDY SERVI				Total claim				
4.1	_	BILITY RECOVERY SERVI on priority Creditor's Name		— Las	st 4 digits of account number79N2	\$1,598.00				
	_	O BOX 4031		Wh	nen was the debt incurred? 5/2017					
	_	umber Street  YOMING Pennsylvani	ia 18644	As	of the date you file, the claim is: Check all that apply.  Contingent					
	Ci	,	Zip Code	_ [	Unliquidated					
	w	ho incurred the debt? Check one.			Disputed					
	⊻	Debtor 1 only		Тур	pe of NONPRIORITY unsecured claim:					
		Debtor 2 only			Student loans					
	Debtor 1 and Debtor 2 only  At least one of the debtors and another				Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	H	-			Debts to pension or profit-sharing plans, and other similar					
	L	Check if this claim relates to a community debt the claim subject to offset?			debts  001 Collection; Collecting for					
	12	No		✓	ORIGINAL CREDITOR: MEDICAL					
		=			Other. Specify PAYMENT DATA					
_		Yes								
4.2	No	BILITY RECOVERY SERVI onpriority Creditor's Name O BOX 4031			st 4 digits of account number 79N3 nen was the debt incurred? 5/2017	\$675.00				
	W Ci	YOMING Pennsylvani ty State  ho incurred the debt? Check one.	ia 18644 Zip Code		of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed D					
	F	Debtor 2 only		.,,,	Student loans					
		Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	F	At least one of the debtors and ano  Check if this claim relates to a c			Debts to pension or profit-sharing plans, and other similar debts					
	Is V	the claim subject to offset? No Yes	<b>, .</b>	✓						
4.3	AE	BILITY RECOVERY SERVI		la	st 4 digits of account number 79N1	\$419.00				
		onpriority Creditor's Name			nen was the debt incurred? 5/2017					
	_	D BOX 4031 umber Street			of the date you file, the claim is: Check all that apply.					
	_				Contingent					
	W Ci	YOMING Pennsylvani itv State	ia 18644 Zip Code	_ 🗆	Unliquidated Disputed					
		ho incurred the debt? Check one.	2.p 0000							
	~	Debtor 1 only		Tyr	pe of NONPRIORITY unsecured claim:					
		Debtor 2 only			Student loans					
	F	Debtor 1 and Debtor 2 only			Obligations arising out of a separation agreement or					
	F	At least one of the debtors and ano	other		divorce that you did not report as priority claims					
	F	Check if this claim relates to a c			Debts to pension or profit-sharing plans, and other similar					
	L	the claim subject to offset?	Johnnamity acot		debts 001 Collection; Collecting for					
	<b>✓</b>	No		✓	ORIGINAL CREDITOR: MEDICAL Other. Specify PAYMENT DATA					
		Ves								

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 25 of 69

Reed Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 City of Chicago Parking \$4,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 121 N. LaSalle St # 107A Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60602 Chicago Illinois City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Tickets Is the claim subject to offset? **✓** No Yes City of Dolton \$100.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 14122 Chicago Roa When was the debt incurred? n/a Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Dolton Illinois 60419 Zip Code Disputed City Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Ticket Is the claim subject to offset? **✓** No Yes 4.6 Comcast \$300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 11621 E. Marginal Way # 5 n/a Number Street As of the date you file, the claim is: Check all that apply. Bankruptcy Dept Contingent Unliquidated Washington 98168 Seattle Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Cable Is the claim subject to offset?

✓ No Yes

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 26 of 69

Reed Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 **CREDITORS DISCOUNT & A** \$315.00 1787 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 5/2014 415 E MAIN ST Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois **STREATOR** 61364 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes RENT RECOVER \$6,988.00 Last 4 digits of account number 5612 Nonpriority Creditor's Name When was the debt incurred? 220 Gerry Drive Number As of the date you file, the claim is: Check all that apply. Contingent Wood Dale Illinois 60191 Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? **V** ORIGINAL CREDITOR: 09 CITY **✓** No Other. Specify WIDE PROPERTY MANAGEMENT 4.9 Ronald Scaletta c/o Lawrence Clipper \$3,623.87 Last 4 digits of account number Nonpriority Creditor's Name 166 W WASHNGTN When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. #600 Contingent Unliquidated Illinois 60602 Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **✓** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar At least one of the debtors and another debts Check if this claim relates to a community debt Other. Specify Judgement - 2006-M1-019342

✓ No ☐ Yes

Is the claim subject to offset?

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 27 of 69

Reed Debtor 1 Lester Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** TRUST REC SV 4.10 \$1,652.00 Last 4 digits of account number 0114 Nonpriority Creditor's Name 541 OTIS BOWEN DRI When was the debt incurred? 9/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent **MUNSTER** Indiana 46321 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other, Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes 4.11 TRUST REC SV \$1,224.00 Last 4 digits of account number 0099 Nonpriority Creditor's Name 541 OTIS BOWEN DRI When was the debt incurred? 6/2012 Number Street As of the date you file, the claim is: Check all that apply. Contingent MUNSTER Indiana 46321 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes TRUST REC SV 4.12 \$315.00 Last 4 digits of account number \_ Nonpriority Creditor's Name 541 OTIS BOWEN DRI When was the debt incurred? 7/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent **MUNSTER** Indiana 46321 Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL No

Yes

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 28 of 69

Debtor 1 Lester	A	Reed	Case number (if known)					
First Name	Middle Name	Last Name						
Part 2: Your NONPRIORIT	Y Unsecured Claims -	Continuation Page						
After listing any entries	s on this page, number the	em beginning with 4.5	, followed by 4.6, and so forth.	l claim				
4.13 TRUST REC SV Nonpriority Creditor's Nat 541 OTIS BOWEN DRI Number Street	me	Whe	Last 4 digits of account number 0056 \$186.00  When was the debt incurred? 4/2012  As of the date you file, the claim is: Check all that apply.					
MUNSTER City Who incurred the debt' Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the debt' Check if this claim Is the claim subject to You	? Check one. 2 only ebtors and another relates to a community d	Code Typ	Contingent Unliquidated Disputed e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Collection; Collecting for Other. Specify ORIGINAL CREDITOR: MEDICAL					

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 29 of 69

Debtor 1	Lester First Name		A Middle Name	Reed Last Name	Case number (if known)				
Part 3:	List Others to Be	Notified A	bout a Debt That You	ı Already Listed					
coll coll cred	5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.  HARRIS & HARRIS LTD								
Nam				On which entry in Part 1 or Part 2 did you list the original creditor?					
	111 W JACKSON BLVD S-400           Number Street           CHICAGO Illinois 60604           City State Zip Code		Line 4.4 of	(Check e): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims					
			Last 4 digits of account number						

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 30 of 69

Debtor 1 Lester Reed Case number (if known) Middle Name First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$0.00

\$21,395.87

\$21,395.87

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 31 of 69

Fill in this information to identify your case:								
Debtor 1	Lester	Α	Reed					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:		Northern	District of Illinois (State)					
Case number (If known)			(Giate)					

#### Official Form 106G

Check if this is an
amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or com	pany with whom you have	the contract or lease	State what the contract or lease is for
2.1	Public Storage Name 2638 N Pulaski	Rd	_	Storage Lease, Debtor is Lessee, Monthly Lease
	Number	Street		
	Chicago	Illinois	60639	
	City	State	Zip Code	

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main

			Do	cument Pag	e 32 of 69		
Fill in t	this infor	mation to identify your o	ase:				
Debto	r 1	Lester First Name	A Middle Name	Reed Last Name			
Debto (Spouse	r 2 e, if filing)	First Name	Middle Name	Last Name			
United	l States E	Bankruptcy Court for the:	Northern	District of Illinois			
Case r	number n)			(State)			
							eck if this is an ended filing
Offi	cial	Form 106H					
Sch	edul	e H: Your Cod	lebtors				12/15
filing to the ent	ogether, tries in t ). Answe	both are equally respo he boxes on the left. At er every question.	nsible for supplying corre tach the Additional Page	ect information. If more to this page. On the to	space is needed, c pp of any Additional	eurate as possible. If two married pe opy the Additional Page, fill it out, a Pages, write your name and case n	and number
1.	No Year		you are filing a joint case,	do not list either spouse a	as a codebtor.)		
2.	Californi		ou lived in a community κ da, New Mexico, Puerto Ri			perty states and territories include Arizon	na,
	Ye		mer spouse, or legal equi	valent live with you at th	e time?		
			nity state or territory did y	ou live?	Fill in the nam	e and current address of that person.	
		Name of your spouse, f	ormer spouse, or legal equ	ivalent			
		Number Street					
		City	State	Zip Co	ode		
3.	again a	s a codebtor only if tha	t person is a guarantor o	r cosigner. Make sure y	ou have listed the	filing with you. List the person show creditor on Schedule D (Official Forn le E/F, or Schedule G to fill out Colu	n 106D),
	Column	1: Your codebtor			Column 2:	The creditor to whom you owe the	debt
					Check all so	chedules that apply:	

Schedule D, line \_\_

Schedule G, line \_\_\_

 $\checkmark$ 

Schedule E/F, line4.1

Official Form 106H Schedule H: Your Codebtors page 1

60621

Zip Code

MaGee, Brittany

63rd Lowe

Illinois State

Street

Name

Number

Chicago City

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 33 of 69

				. ago (			
Fill in thi	s information to identify	your case:					
Debtor 1	Lester	Α	Reed				
l	First Name	Middle Name	Last N	lame	Cł	neck if this is:	
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last N	lame	_	An amended filing	
	ates Bankruptcy Court for	Northern Northern	District of III		_   =	A supplement showing po expenses as of the followi	
Case num	nber		(0	olale)			
(If known)						MM / DD / YYYY	
Officia	al Form 106I						
Sched	dule I: Your In	come					12/15
spouse. It number (i	f more space is needed if known). Answer ever	, attach a separate she y question.				o not include informatio itional pages, write you	-
	n your employment mation.		Debtor 1	l		Debtor 2	
		Employment status	Emplo	yed		Employed	
attach	have more than one job, a separate page with		Not E	mployed		Not Employed	
inform emplo	nation about additional oyers.	Occupation	Self-employment			_	
	de part time, seasonal, or mployed work.	Employer's name					
	pation may include student	Employer's address					
	memaker, if it applies.		Number St	reet		Number Street	
			City		State Zip Code	City St	tate Zip Code
		How long employed there?					
Part 2:	Give Details About N	Ionthly Income					
spouse u	unless you are separated.	e more than one employer	-	information	for all employers	write \$0 in the space. Inclusion for that person on the lines	
	t monthly gross wages, sala luctions.) If not paid monthly			2	\$0.00	non-filing spouse	
	imate and list monthly over	time pav.		3.	+ \$0.00		
	culate gross income. Add li			4.	\$0.00		1
					Ψ0.00	·	<u> </u>

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 34 of 69

Debtor		Reed	Case numbe	r <i>(if</i>	
	First Name Middle Name	Last Name	known) For Debtor 1	For Debtor 2 or non-filing spouse	
Сору	line 4 here	<b>→</b> 4.	\$0.00		
5. List a	all payroll deductions:				
5a. <b>T</b>	ax, Medicare, and Social Security deductions	5a.	\$0.00		
5b. <b>N</b>	Mandatory contributions for retirement plans	5b.	\$0.00		
5c. <b>V</b>	oluntary contributions for retirement plans	5c.	\$0.00		
5d. <b>F</b>	Required repayments of retirement fund loans	5d.	\$0.00		
5e. <b>l</b> ı	nsurance	5e.	\$0.00		
5f. <b>D</b>	omestic support obligations	5f.	\$0.00		
5g. <b>l</b>	Jnion dues	5g.	\$0.00		
5h. <b>(</b>	Other deductions. Specify:	5h. +	\$0.00 +	·	
6. <b>Add t</b> +5h.	the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5	5e +5f + 5g 6.	\$0.00		
7. Calcu	ulate total monthly take-home pay. Subtract line 6 from	m line 4. 7.	\$0.00		
8. List a	all other income regularly received:				
b	let income from rental property and from operating a pusiness, profession, or farm				
g	uttach a statement for each property and business showir pross receipts, ordinary and necessary business expenses he total monthly net income.		\$500.00		
8b. <b>I</b>	nterest and dividends	8b.	\$0.00		
	amily support payments that you, a non-filing spouse lependent regularly receive	e, or a			
	nclude alimony, spousal support, child support, maintena livorce settlement, and property settlement.	ance, 8c.	\$0.00		
8d. <b>l</b>	Jnemployment compensation	8d.	\$0.00		
	Social Security	8e.	\$0.00		
Ir ca u h	other government assistance that you regularly receinclude cash assistance and the value (if known) of any notes as assistance that you receive, such as food stamps (be noter the Supplemental Nutrition Assistance Program) or ousing subsidies pecify:  -ood Assistance Programs Income	on-	\$146.00		
_	Pension or retirement income	8g.	\$0.00		
8h. <b>(</b>	Other monthly income. Specify: Pro-rated Tax Refund	8h. +	\$417.00 +		
	all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f	+8g + 8h. 9.	\$1,063.00		
	ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-fili	10. ing spouse	\$1,063.00	=	\$1,063.00
Inclu friend	te all other regular contributions to the expenses that de contributions from an unmarried partner, members of ds or relatives. ot include any amounts already included in lines 2-10 or	your household, your	dependents, your roomr		
Spec	ify:			11.	+ \$0.00
	the amount in the last column of line 10 to the amount that amount on the Summary of Schoolules and Statistic				\$1,063.00
vvrite	that amount on the Summary of Schedules and Statistic	aı summary or Certain	LIADIIILIES AITO MEIALEO DA	а.а, п к аррпеs	Combined monthly income
	you expect an increase or decrease within the year a	after you file this form	1?		monthly income
	Yes. Explain:				

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 35 of 69

Debtor 1 Lester First Name	A Middle Name	Ree	d Name		Case number (if				
Official Form 106I. Add		Last	rvanic		known)				
8a.Net income from rental property and from operating a business, profession, or farm									
8a.1 Self Employed Disc Jockey		Debtor 1	Debtor 2						
Gross receipts (before all deduct	ions)	\$500.00							
Ordinary and necessary operatin	g expenses	-\$0.00							
Net monthly income from a bus	iness, profession, or farm	\$500.00		Copy	\$500.00			_	

Official Form 106l Schedule I: Your Income page 3

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 36 of 69

		Docu	ment Page 36 of 69		
Fill in this infor	mation to identify yo	our case:			
Debtor 1	Lester First Name	A Middle Name	Reed Last Name	Ob only if this in	
Debtor 2				Check if this is:	
(Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng
	Bankruptcy Court for	the: Northern [	District of Illinois (State)		howing post-petition chapter 13 the following date:
Case number (If known)				MM / DD / YYY	<u></u>
	Form 106 e J: Your E	<del></del>			12/15
Be as complete information. If (if known). Ans	e and accurate as	possible. If two married people and ded, attach another sheet to this .	re filing together, both are equall form. On the top of any additiona		
1. Is this a joi	nt case?				
✓ No. Go	to line 2				
	oes Debtor 2 live in	a separate household?			
	■ No	·			
L	_	ust file Official Forms 106 L2 Evpen	nses for Separate Household of Debt	or 2	
2 Do you how	e dependents?		iscs for separate frouseriola of Best	<i></i>	
Do not list D	· <u></u>	No N	Be a substitution of the substitution	B	Borrado control Por
Debtor 2.	ebtor rand	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
			Child	7 months	No.
					✓ Yes.
	penses include f people other	No			
yourself and dependents	_	Yes			
Part 2: Estin	mate Your Ongoi	ing Monthly Expenses			
_	of a date after the b		rou are using this form as a supploplemental Schedule J, check the	•	-
	•	on-cash government assistance i led it on Schedule I: Your Income	•		Your expenses
	or home ownershi	<b>p expenses for your residence.</b> In 4.	clude first mortgage payments and		<b>\$200.00</b>
If not incl	uded in line 4:				

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 37 of 69

Debtor 1 Lester A Reed Case number (if known)
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           6. Utilities         5.         \$0.00           6. Utilities         6.         \$0.00           6b. Water, sever, garbage collection         6b.         \$0.00           6c. Telephone, call phone, Internet, satellite, and cable services         6c.         \$0.00           6d. Other, Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$280,00           8. Childing, aundry, and dry cleaning         9.         \$68,00           10. Personal care products and services         10.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, include aga, maintenance, bus or train fave.         12.         \$185,00           Do not include car payments         12.         \$185,00           15. Internation, include aga, maintenance, bus or train fave.         12.         \$185,00           Do not include car payments         14.         \$0.00           15. Life insurance         15.         \$0.00           15. Health insurance deducted from your pay or included in lines 4 or 20.         \$0.00           15. Whice insurance.         15.         \$0.00           15. Whice in	riistivanie	Mildule Name Last Name		
6. Ultilities:         6.8. Electricity, heat, natural gas         6.8. So.00           6b. Water, sower, garbage collection         6b. So.00           6b. Water, sower, garbage collection         6c. Seco.00           6c. Chelchone, cell phone, Internet, satellite, and cable services         6c. Seco.00           6c. Chelar, Specify:         6d. So.00           7. Food and housekeeping supplies         8. So.00           8. Childcare and children's education costs         8. So.00           9. Clothing, laundry, and dry cleaning         9. Seco.00           10. Personal care products and services         10. Seco.00           11. Medical and dental expenses         11. So.00           12. Transportation. Include gas, maintenance, bus or train fare.         12. Seco.00           Do not include car payments         13. Seco.00           14. Charitable contributions and religious donations         13. Seco.00           15. Insurance.         15a. Seco.00           Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Seco.00           15c. Vehicle insurance.         15a. Seco.00           15c. Vehicle insurance.         15b. Beath insurance         15c. Seco.00           15c. Vehicle insurance.         15c. Seco.00           15c. Vehicle insurance.         15c. Seco.00           15c.				Your expenses
6a. Electricity, heat, natural gas         6a.         \$0.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, old phone, internet, satellities, and cable services         6c.         \$60.00           6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$280.00           8. Childcare and children's education costs         9.         \$88.00           10. Personal care products and services         10.         \$50.00           11. Medical and dental expenses         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$155.00           Do not include acr payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Instrationment, clubs, recreation, newspapers, magazines, and books         15.         \$0.00           15. Instration include insurance         15.         \$0.00           15. Instration include such such acreases and property and property and property included in lines 4 or 20.         \$0.00           15. Life insurance.         15c         \$0.00           15. Charit insurance.	5. Additional mortgage payme	nts for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$80.00           6d. Other. Specity:         7.         \$280.00           7. Food and housekeeping supplies         7.         \$280.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$68.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$185.00           10. not include an payments         14.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Taxes Do not i	6. Utilities:			
6c. Telephone, cell phone, Intermet, satellite, and cable services         6c.         \$80.00           6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$280.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$68.00           10. Personal care products and services         10.         \$50.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include care payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15b. Leath insurance         15a         \$0.00           15c. Vehicle insurance         15b         \$0.00           15c. Vehicle insurance         15c         \$70.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00           15c. Vehicle insurance         15c         \$0.00 <t< td=""><td>6a. Electricity, heat, natural ga</td><td>s</td><td>6a.</td><td>\$0.00</td></t<>	6a. Electricity, heat, natural ga	s	6a.	\$0.00
6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$280.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$589.00           10. Personal care products and services         10.         \$55.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$185.00           Do not include car payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15         \$0.00           15. Insurance deducted from your pay or included in lines 4 or 20.         15c         \$70.00           15b. Health insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Vehicle insurance         15         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17. Installment or lease payments:         17a         \$0.00	6b. Water, sewer, garbage co	lection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$280.00           8. Childran's and childran's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$68.00           10. Personal care products and services         10.         \$55.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or Irain fare.         12.         \$185.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15s         \$0.00           15. Insurance.         15s         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15c         \$0.00           15c. Vehicle insurance. Specify:         15c         \$0.00	6c. Telephone, cell phone, In	ternet, satellite, and cable services	6c.	\$60.00
8. Childcare and children's education costs 9. Clothing, laundry, and dry cleaning 9. \$68.00 10. Personal care products and services 11. \$50.00 11. Medical and dental expenses 11. \$0.00 11. Medical and dental expenses 11. \$0.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15c. Vehicle insurance 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15d. Taxes payments for Vehicle 1 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 19. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106i). 18. Your payments you make to support others who do not live with you. 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Montgages on other property 20a. Montgages on other property 20b. Real estate taxes. 20b. Specify: 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning       9. \$88.00         10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$0.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$185.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       15. Insurance.         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15b. \$0.00         15b. Health insurance       15b. \$0.00       15c. Vehicle insurance       15c. \$70.00         15c. Vehicle insurance. Specify	7. Food and housekeeping sup	plies	7.	\$280.00
10. Personal care products and services       10. \$50.00         11. Medical and dental expenses       11. \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12. \$185.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a. \$0.00         15b. Health insurance       15b. \$0.00       \$0.00         15c. Vehicle insurance       15c. \$770.00       \$0.00         15d. Other insurance. Specify:       15c. \$770.00       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         \$pecify:       15c. \$770.00       16       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00         17. Installment or lease payments:       17a       \$0.00         17. Locar payments for Vehicle 1       17a       \$0.00         17c. Car payments for Vehicle 2       17b       \$0.00         17c. Other. Specify:       17c       \$0.00         18. Your payments for Vehicle 1, Your Income (Official Form 106l).       18. <td>8. Childcare and children's ed</td> <td>ucation costs</td> <td>8.</td> <td>\$0.00</td>	8. Childcare and children's ed	ucation costs	8.	\$0.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.       12.       \$185.00         13. Entertailment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       15a. Life insurance deducted from your pay or included in lines 4 or 20.       15b. Health insurance       15a.       \$0.00         15b. Health insurance.       15c. \$70.00       \$0.00	9. Clothing, laundry, and dry c	leaning	9.	\$68.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$185.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance.	10. Personal care products an	d services	10.	\$50.00
Do not include car payments   13.   13.   13.   13.   13.   13.   13.   13.   13.   13.   14.   14.   14.   15.   14.   15.   15.   14.   15.	11. Medical and dental expens	ees	11.	\$0.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       30.00         Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15b. \$0.00         15b. Lefleth insurance       15b. \$0.00       15c. Vehicle insurance       15c. \$70.00         15c. Vehicle insurance. Specify:       15d. \$0.00       \$0.00         15d. Other insurance. Specify:       15d. \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16       \$0.00         17. Installment or lease payments:       17a. \$0.00         17a. Car payments for Vehicle 1       17a. \$0.00         17b. Car payments for Vehicle 2       17b. \$0.00         17c. Other. Specify:       17c. \$0.00         17c. Other. Specify:       17c. \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19. \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a. \$0.00         20b. Real estate taxes.       20b. \$0.00	-		12.	\$185.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. So.00 15d. Other insurance. Specify: 15d. So.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17c. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. So.00 17d. Other. Specify: 17d. So.00 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you. Specify: 20a. Mortgages on other property 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b. So.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses.	13. Entertainment, clubs, recre	eation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	14. Charitable contributions a	nd religious donations	14.	\$0.00
15b		ucted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
Specify:			15c	\$70.00
Specify:	15d. Other insurance. Specify	<u>:</u>	15d	\$0.00
17.   Installment or lease payments:   17a.   Car payments for Vehicle 1   17a   \$0.00   17b.   Car payments for Vehicle 2   17b   \$0.00   17c.   Other.   Specify:   17c   \$0.00   17d.   Other.   Specify:   17d   \$0.00   18.   Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19.   Other payments you make to support others who do not live with you.   Specify:   19.   \$0.00   20.   Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b.   Real estate taxes.   20b   \$0.00   20b.   Real estate taxes.   20c.   Property, homeowner's, or renter's insurance   20d.   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   Maintenance, repair, and upkeep expenses.   20d.   \$0.00   \$0.00   20d.   \$0.00	16. <b>Taxes.</b> Do not include taxes	deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2  17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. So.00  20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease payme	ents:		
17c. Other. Specify: 17d. \$0.00 17d. Other. Specify: 17d. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehicle	•1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehicle	92	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20c \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:			18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00		to support others who do not live with you.	10	<b>\$0.00</b>
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00	-	es not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	<del></del>
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's,	or renter's insurance		
	20d. Maintenance, repair, and	upkeep expenses.		
	20e. Homeowner's associatio	n or condominium dues	20e	\$0.00

## Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 38 of 69

Debtor 1 Leste		Α	Reed	Case number (if known)		
First N	lame	Middle Name	Last Name			
21.Other. Spec	cify:				21	\$0.00
	your monthly expenses			\$913.00		
	es 4 through 21.			\$0.00		
	, , ,	,	from Official Form 106J-2	!		\$913.00
22c. Add lin	e 22a and 22b. The resu	It is your monthly exp	enses.		22.	
23.Calculate y	our monthly net incom	e.				
23a. Copy I	ine 12 (your combined m	onthly income) from	Schedule I.		23a	\$1,063.00
23b. Copy	your monthly expenses fr	rom line 22 above.			23b	\$913.00
	ct your monthly expenses		ncome.			\$150.00
The re	sult is your monthly net i	ncome.			23c	<del></del>
For examp	le, do you expect to finisl	h paying for your car l ecrease because of a r	ses within the year after oan within the year or do y nodification to the terms or o utilities	ou expect your		

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 39 of 69

Fill in this information to identify your case:							
Debtor 1	Lester	Α	Reed				
	First Name	Middle Name	Last Name				
Debtor 2							
(Spouse, if filing)	First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:		Northern	District of Illinois (State)				
Case number			(2.00.2)				

#### Official Form 106Dec

Check if this is an amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Par	t 1: Sign Below	
	Did you pay or agree to pay someone who is NOT an attorney to h	help you fill out bankruptcy forms?
	✓ No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and
×	/s/ Lester Reed	×
	Signature of Debtor 1	Signature of Debtor 2
	Date 7/11/2017	Date
	MM/DD/YYYY	MM/DD/YYYY

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 40 of 69

Fill in this	information to ic	dentify your c	ase:					
Debtor 1	Lester		A	Reed		_		
Debtor 2	First Nam	е	Middle	Name Last	Name			
(Spouse, if fil	First Nam	е	Middle	Name Last	Name	_		
United Sta	ites Bankruptcy (	Court for the:	Northern	District of	Illinois (State)	_		
Case num	ber				(Otato)	_		
, ,	. –	407						Check if this is an
OTTICI	al Form	107						amended filing
Stater	nent of F	inancia	l Affairs f	or Individua	ls Filing fo	or Bankru	ıptcy	04/16
				arried people are fil				supplying correct your name and case
	f known). Ans					or any adding	pagos,	
Part 1:	Give Details A	bout Your l	Marital Status	and Where You Li	ved Before			
1. Wha	at is your curre	nt marital sta	tus?					
	Married							
	Not married							
2. Dur	ing the last 3 v	ears. have vo	u lived anvwher	e other than where y	ou live now?			
	No	, •	•					
		the places yo	u lived in the las	t 3 years. Do not inclu	ude where you live	e now.		
	Debtor 1:			Dates Debtor 1 live	ed Debtor 2:			Dates Debtor 2 lived there
				there	_			
					Same	as Debtor 1		Same as Debtor 1
	4219 S. Wabas Number Street	h		From <u>01/2016</u>	Number S	treet		From
				To 01/2017				То
	Chicago	Illinois	60653		<del></del>			
	City	State	Zip Code		City	State as Debtor 1	Zip Code	Same as Debtor 1
					Gaine	as Debior 1		Came as Debior 1
	Number Street			From	Number S	treet		From
			<u> </u>	То				To
	City	State	Zip Code		City	State	Zip Code	
	-113	Oldio	_ip		Jity	Jidio	Z.p 3000	
				oouse or legal equiva siana, Nevada, New Me				Community property states .)
<b>✓</b> 1	No							
	es. Make sure	you fill out So	hedule H: Your	Codebtors (Official F	orm 106H).			

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 41 of 69

Debto	or 1	Lester A	Reed		umber (if known)	_
		First Name Middle	e Name Last Nam	ne		
Part 2	2:	Explain the Sources of Your Inc	come			
F	Fill i	you have any income from employm n the total amount of income you recei vities. If you are filing a joint case and you No Yes. Fill in the details.	ved from all jobs and all busir	nesses, including part-time		irs?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		om January 1 of current year until e date you filed for bankruptcy:	Wages, commissions, bonuses, tips  ✓ Operating a business	\$3000.00	Wages, commissions, bonuses, tips Operating a business	
		or last calendar year: anuary 1 to December 31, 2016 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$15656.00	Wages, commissions, bonuses, tips Operating a business	
		or the calendar year before that: anuary 1 to December 31, 2015 ) YYYY	Wages, commissions, bonuses, tips  ✓ Operating a business	\$11000.00	Wages, commissions, bonuses, tips Operating a business	
Ir p fil	nclu ubli ling ist e	you receive any other income during de income regardless of whether that is to be be be some regardless of whether that is to be be be some some some that a joint case and you have income that each source and the gross income from No  Yes. Fill in the details.	ncome is taxable. Examples o come; interest; dividends; mo you received together, list it o	of other income are alimony; oney collected from lawsuits; only once under Debtor 1.	royalties; and gambling and lot	
			Debtor 1		Debtor 2	
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
		rom January 1 of current year until ne date you filed for bankruptcy:	(Est.) YTD Link	\$582.00		
		or last calendar year: lanuary 1 to December 31, 2016 ) YYYY		\$0.00		
		or the calendar year before that: lanuary 1 to December 31, 2015 ) YYYY		\$0.00		

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 42 of 69

Reed Debtor 1 Lester Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 43 of 69

or 1	Lester		Α	Re	ed	Case number	(if known)
	First Name		Middle Name	La	st Name		
nsi corp age	ders include your porations of whic	relatives; a h you are a for a busin	any general partner an officer, director, ness you operate a	s; relatives of any person in control	general partners; par , or owner of 20% or	tnerships of which y more of their voting	who was an insider? you are a general partner; g securities; and any managing r domestic support obligations,
<b>✓</b>	No						
	Yes. List all pay	ments to a	an insider.	Dates of	Total amount	Amount you	Reason for this payment
				payment	paid	still owe	
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	No	_	aranteed or cosigned	-	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
_	City	State	Zip Code				
	Insider's Name				<u> </u>		
	Number Street						
	City	State	Zip Code				

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 44 of 69

Reed Debtor 1 Lester Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 45 of 69

Debt	or 1	Lester	A	Reed	Case number (if known,		
		First Name	Middle Name	Last Name			
11.		thin 90 days before you filed fo counts or refuse to make a pa			nk or financial institution,	set off any amou	nts from your
	<b>✓</b>	No Yes. Fill in the details.					
		'		Describe the action the	creditor took	Date action was taken	Amount
		Creditor's Name					
		Number Street					
				Last 4 digits of account no	umber: XXXX-		
		City State	Zip Code				
12.		hin 1 year before you filed for cointed receiver, a custodian,		of your property in the p	ossession of an assignee fo	or the benefit of c	reditors, a court-
	<b>✓</b>	No Yes					
	Ц						
Part	5:	List Certain Gifts and Con	tributions				
13.	Wi	ithin 2 years before you filed fo	or bankruptcy, did yo	ou give any gifts with a to	tal value of more than \$600	per person?	
	<b>✓</b>	No Yes. Fill in the details for eac	:h gift.				
		Gifts with a total value of mo per person	ore than \$600	Describe the gifts		Dates you gave the gifts	Value
		Person to Whom You Gave the	e Gift				
		Number Street					
		City State	Zip Code				
		Person's relationship to you					
		Person to Whom You Gave the	e Gift				
		Number Street					
		City State	Zip Code				
		Person's relationship to you					

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 46 of 69

ebtor 1	Lester	Α	Reed	Case number (if know	vn)	
	First Name	Middle Name	Last Name	_ `		
. Wit	hin 2 years before you file	ed for bankruptcy, did	l you give any gifts or contribution	ns with a total value	of more than \$600	to any charity?
	No					
✓	No					
	Yes. Fill in the details for	each gift or contribut	ion.			
	Gifts or contributions to	charities	Describe what you contribut	ad	Date you	Value
	that total more than \$60		Describe what you contribut	eu	contributed	Value
	that total more than you	,0			Contributed	
						-
	Charity's Name		_			
	-					
			=			
	Number Street		_			
	Number Street					
	01-1-	7'- 01-	_			
	City State	Zip Code				
t 6:	List Certain Losses					
	Yes. Fill in the details.  Describe the property you how the loss occurred	ou lost and	Describe any insurance cover include the amount that insurance	nce has paid. List	Date of your loss	Value of property lost
			pending insurance claims on li	ne 33 of <i>Schedule</i>		
			A/B: Property.			
. Wit	out seeking bankruptcy or	I for bankruptcy, did y				anyone you consulte
Wit	hin 1 year before you filed out seeking bankruptcy or ude any attorneys, bankrupt No	I for bankruptcy, did y				anyone you consulte
Wit	hin 1 year before you filed out seeking bankruptcy or ude any attorneys, bankrupt	I for bankruptcy, did y	tcy petition?			anyone you consulte
Wit	hin 1 year before you filed out seeking bankruptcy or ude any attorneys, bankrupt No	I for bankruptcy, did y	tcy petition?	rices required in your b	ankruptcy.  Date payment or transfer	Amount of payment
Wit	hin 1 year before you filed out seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.	I for bankruptcy, did y	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details. Semrad Law Firm	I for bankruptcy, did y	tcy petition? or credit counseling agencies for serventer the counseli	rices required in your b	ankruptcy.  Date payment or transfer	Amount of
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid	d for bankruptcy, did y preparing a bankrup tcy petition preparers, o	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue	d for bankruptcy, did y preparing a bankrup tcy petition preparers, o	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid	d for bankruptcy, did y preparing a bankrup tcy petition preparers, o	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue	d for bankruptcy, did y preparing a bankrup tcy petition preparers, o	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street	I for bankruptcy, did governments a bankruptcy petition preparers, of	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois	I for bankruptcy, did preparing a bankruptcy petition preparers, of the preparers of the pr	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street	I for bankruptcy, did governments a bankruptcy petition preparers, of	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State	I for bankruptcy, did preparing a bankruptcy petition preparers, of the preparers of the pr	tcy petition? or credit counseling agencies for service of the counseling agencies agencies of the counseling agencies agencies for service of the counseling agencies agencie	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois	I for bankruptcy, did preparing a bankruptcy petition preparers, of the preparers of the pr	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address	for bankruptcy, did preparing a bankruptcy petition preparers, of the following states of the followin	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State	for bankruptcy, did preparing a bankruptcy petition preparers, of the following states of the followin	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address	for bankruptcy, did preparing a bankruptcy petition preparers, of the following states of the followin	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address	for bankruptcy, did preparing a bankruptcy petition preparers, of the following states of the followin	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt. No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay	for bankruptcy, did preparing a bankruptcy petition preparers, of the following states of the followin	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt. No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay	for bankruptcy, did preparing a bankruptcy petition preparers, of the following state of th	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay  Person Who Was Paid	for bankruptcy, did preparing a bankruptcy petition preparers, of the following state of th	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay  Person Who Was Paid	for bankruptcy, did preparing a bankruptcy petition preparers, of the following state of th	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay  Person Who Was Paid	for bankruptcy, did preparing a bankruptcy petition preparers, of the following state of th	tcy petition? or credit counseling agencies for service of the counseling agencies agencies for service of the counseling agencies agencies for service of the counseling agencies agencies agency agency of the counseling agencies agency agen	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address  Person Who Made the Pay  Person Who Was Paid	for bankruptcy, did preparing a bankruptcy petition preparers, of the following state of th	tcy petition? or credit counseling agencies for servente per credi	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt. No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address Person Who Made the Pay  Person Who Was Paid  Number Street	for bankruptcy, did y preparing a bankruptcy petition preparers, of 60643  Zip Code	tcy petition? or credit counseling agencies for servente per credi	rices required in your b	Date payment or transfer was made	Amount of payment
Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt. No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address Person Who Made the Pay  Person Who Was Paid  Number Street	for bankruptcy, did y preparing a bankruptcy petition preparers, of 60643  Zip Code	tcy petition? or credit counseling agencies for servente per credi	rices required in your b	Date payment or transfer was made	Amount of payment
. Wit	hin 1 year before you filed but seeking bankruptcy or ude any attorneys, bankrupt. No  Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 11101 S. Western Avenue Number Street  Chicago Illinois City State  Email or website address Person Who Made the Pay Person Who Was Paid  Number Street  City State	for bankruptcy, did preparing a bankruptcy petition preparers, of 60643 Zip Code  Zip Code	tcy petition? or credit counseling agencies for servente per credi	rices required in your b	Date payment or transfer was made	Amount of payment

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 47 of 69

1 Lester A	Reed	Case number (if known)	
First Name Middle Na	me Last Name		
elp you deal with your creditors or to ma	ke payments to your creditors?	our behalf pay or transfer any property to a	inyone who promised to
✓ No  Yes. Fill in the details.			
Tee. This is a feedballe.	Description and value of a	ny property Date	Amount of payment
	transferred	payment or transfer was made	Amount of payment
Person Who Was Paid			
Number Street			
City State Zip C	ode		
nd transfers that you have already listed on t  No Yes. Fill in the details.			
	Description and value of p transferred	property Describe any property or payments received or debts p in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State Zip C Person's relationship to you	ode		
Person Who Received Transfer			
Number Street			
City State Zip C Person's relationship to you	ode		
eneficiary?		a self-settled trust or similar device of which	ch you are a
No	,		
1 es. 1 iii ii i uie details.	Description and value of	the property transferred	Date transfer was made
Name of trust			
	First Name Middle Na  Fithin 1 year before you filed for bankrupt elp you deal with your creditors or to ma o not include any payment or transfer that y  No Yes. Fill in the details.  Person Who Was Paid  Number Street  City State Zip C  Fithin 2 years before you filed for bankrupt the ordinary course of your business or finiculate both outright transfers and transfers rand transfers that you have already listed on the country of transfers that you have already listed on the country of transfer that you have already listed on th	First Name	Tithin 1 year before you filed for bankruptcy, did you can any property to a self-settled trust or similar device of white mediciary?  In the details.  Description and value of any property to any property to any property to a self-settled trust or similar device of white mediciary?  Person Who Received Transfer  Number Street  Description and value of property  Description and value of property  Description and value of any property to any property to any property to any property to any property transfer was made  Description and value of any property to any property transfer was made  Description and value of any property to any property or property to any property or property transfers that you have already listed on this statement.  Number Street  Description and value of property transfer any property or property transferred  Describe any property or property transferred  Describe any property or property transferred  Description and value of property transfer any property or property transferred  Describe any property or property transferred  Description and value of property transfer any property or pr

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 48 of 69

Reed Debtor 1 Lester Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred Checking XXXX-Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? Public Storage DJ Equiptment No Name of Storage Facility Name 2638 N Pulaski Rd Number Street Number Street City State Zip Code Chicago Illinois 60639 State Zip Code City

### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 49 of 69

Reed Debtor 1 Lester \_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 50 of 69

Deb		Lester		Α	Re	eed	Case	e number <i>(ii</i>	fknown)		
		First Name		Middle Name	La	st Name					
26.	Hav	e you been a part	y in any judic	cial or administ	rative proce	eding under	any environmen	tal law? In	clude settler	ments and ord	ers.
		No Yes. Fill in the det	tails.								
					Court or ag	ency		Nature	of the case		Status of the case
		Case title									Pending
					Court Name						On appeal
		Case number			NumberStre						Concluded
		O: D-4-! - A	<del>-</del>		City	State	Zip Code				
	11:	Give Details Al				-					
27.	With	nin 4 years before			-		-	_		o any busines:	s?
				· ·	-		r activity, either fo artnership (LLP)	ull-time or p	oart-time		
		A partner in a				, , , ,	,				
		_		anaging executi	-		a avation				
		_		of the voting or		nues or a corp	ooralion				
		No. None of the a Yes. Check all tha				w for each b	ousiness.				
	_						ire of the busine	ss			number Do not number or ITIN.
		Business Name			_				EIN:		
		Number Street							Dates busi	ness existed	
		City	State	Zip Code	Name	of account	ant or bookkeep	er	_	-	
		Oity	State	Zip Code					From	10	
					Desci	ribe the natu	ire of the busine	SS			number Do not number or ITIN.
		Business Name							EIN:		
		Number Street							Dates busi	ness existed	
		City	State	Zip Code	Name	e of account	ant or bookkeep	er	Erom	To	
		Oity	Otate	Zip Gode					From	To	
					Desci	ribe the natu	ıre of the busine	SS			number Do not number or ITIN.
		Business Name							EIN:		
		Number Street			_				Dates busi	ness existed	
		City	State	Zin Codo	Name	of account	ant or bookkeep	er	Fue	Ŧ-	
		Oily	State	Zip Code					From	To	

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 51 of 69

Deb	tor 1 Lester	Α	Reed	Case number (if known)
	First Name	Middle Name	Last Name	
28.	Within 2 years before you creditors, or other parties.		ou give a financial stateme	nt to anyone about your business? Include all financial institutions,
	Yes. Fill in the details b	pelow.		
	_		Date issued	
	Name		MM/DD/YYYY	
	Number Street		<del></del>	
	City St	ate Zip Code	_	
Pari	t 12: Sign Below			
		It in fines up to \$250,000,	,	rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	Signature of			Signature of Debtor 2
	Date 7/11/	2017		Date
	Did vou attach additional pa	ages to Your Statement o	f Financial Affairs for Indivi	duals Filing for Bankruptcy (Official Form 107)?
	✓ No	•		
i	Yes			
ı	Did you pay or agree to pay	someone who is not an a	ttorney to help you fill out b	pankruptcy forms?
	<b>✓</b> No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 52 of 69

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

Debtor   Debtor   Case No.   (If known)   Chapter   Ch			Northern Dist	trict of Illinois	
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$4,000.00  Prior to the filling of this statement I have received  \$3,600.00  2. The source of the compensation paid to me was:  Debtor  Other (specify)  3. The source of the compensation paid to me is:  Debtor  Other (specify)  4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy.  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  Locatify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  //* Megan Holmes  Signature of Attorney  Semial Law Firm	In re	Lester A Reed		Case No.	
DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR  1. Pursuant to 11 U.S.C. § 329(g) and Fad. Banke, P. 2016(b), I cortify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filling of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$4,000.00  Prior to the filling of this statement I have received  \$400.00  Balance Due  2. The source of the compensation paid to me was:  Debtor	_	Debtor			(If known)
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the abovenamed debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$40,00.00  Prior to the filing of this statement I have received  \$400,00  Balance Due  2. The source of the compensation paid to me was:    Debtor				Chapter	Chapter 13
compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:  For legal services, I have agreed to accept  \$4,00,00  Balance Due  \$3,600,00  2. The source of the compensation paid to me was:    Obstor		DISCLOSURE OF	COMPENSATION	ON OF ATTORNEY	FOR DEBTOR
Prior to the filing of this statement I have received Balance Due  2. The source of the compensation paid to me was:    Debtor	1.	compensation paid to me within one	year before the filing of th	ne petition in bankruptcy, or agree	ed to be paid to me, for services
2. The source of the compensation paid to me was:    Debtor		For legal services, I have agreed to ac	ccept		\$4,000.00
2. The source of the compensation paid to me was:    Debtor		Prior to the filing of this statement I	nave received		\$400.00
3. The source of the compensation paid to me is:    Other (specify)		Balance Due			\$3,600.00
3. The source of the compensation paid to me is:    Debtor	2.	. The source of the compensation paid	d to me was:		
A.  ☐ Debtor ☐ Other (specify)  4.  ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  ☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  Date  Signature of Attomey  Semrad Law Firm		<b>Debtor</b>	Other (speci	fy)	
4.	3.	. The source of the compensation paid	d to me is:		
I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  ///11/2017  Date  Signature of Attomey  Semrad Law Firm		Debtor	Other (speci	fy)	
members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.  5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  /s/ Megan Holmes  Signature of Attorney  Semrad Law Firm	4.			tion with any other person unless	they are
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;  b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;  c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  /s/ Megan Holmes  Signature of Attorney  Semrad Law Firm		members or associates of my lav	v firm. A copy of the agree		
c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;  d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  /s/ Megan Holmes  Date  Signature of Attorney  Semrad Law Firm	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in				
d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;  6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:  CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  /s/ Megan Holmes  Signature of Attorney  Semrad Law Firm		b. Preparation and filing of any	petition, schedules, stater	ments of affairs and plan which ma	ay be required;
CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  Date  Semrad Law Firm		c. Representation of the debtor	at the meeting of creditor	s and confirmation hearing, and a	ny adjourned hearings thereof;
CERTIFICATION  I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017 /s/ Megan Holmes  Date  Signature of Attorney  Semrad Law Firm		d. Representation of the debtor	in adversary proceedings	and other contested bankruptcy r	matters;
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  Date  /s/ Megan Holmes  Signature of Attorney  Semrad Law Firm	6.	. By agreement with the debtor(s), the	above-disclosed fee does	not include the following services	s:
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceedings.  7/11/2017  Date  /s/ Megan Holmes  Signature of Attorney  Semrad Law Firm					
debtor(s) in this bankruptcy proceedings.  7/11/2017			CERTIF	ICATION	
Date Signature of Attorney  Semrad Law Firm			e statement of any agreen	nent or arrangement for payment	to me for representation of the
Semrad Law Firm		7/11/2017		/s/ Megan Holmes	
		Date		Signature of Attorney	
				Semrad Law Firm	
				Name of law firm	

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

#### Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 55 of 69

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to  $\S$  726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$387.00
- 3. Before signing this agreement, the attorney has received, \$400.00 toward the flat fee, leaving a balance due of \$3,600.00; and \$77.00 for expenses, leaving a balance due of \$3,987.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 7/1	1/2017		
Signed:		$\cap$	
/s/ Lester Rec	ed Kestell ve		A L DOA
		/s/ Megan Holmes	Mastrole
Debtor(s)		Attorney for Debtor(s	

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 62 of 69

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Reed, Lester A	Case No	
	Debtor(s)	_	
		Chapter.	Chapter13
	VERIFI	CATION OF CREDITOR MAT	TRIX
TI knowledge		y that the attached list of creditors is tr	rue and correct to the best of their
Date:	7/11/2017	/s/ Reed, Lester Reed, Lester A Signature of Deb	

RENT RECOVER 220 Gerry Drive Wood Dale, IL, 60191

TRUST REC SV 541 OTIS BOWEN DRI MUNSTER, IN, 46321

ABILITY RECOVERY SERVI PO BOX 4031 WYOMING, PA, 18644

CREDITORS DISCOUNT & A 415 E MAIN ST STREATOR, IL, 61364

IDOR-Bankruptcy Section PO Box 64338 Chicago, IL, 60664

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

Ronald Scaletta c/o Lawrence Clipper 166 W WASHNGTN #600 Chicago, IL, 60602

Illinois Department of Human Services PO BOX 19407 Springfield, IL, 62794

Illinois Department of Human Services c/o Brittany MaGee 8001 S Cottage Grove Ave Chicago, IL, 60619

Comcast p.o. box 196 Newark, NJ, 07101 Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 64 of 69

City of Dolton 14122 Chicago Roa Dolton, IL, 60419

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 65 of 69

Debtor 1 Lester First Name	A Middle Name	Reed	Case number (if known)			
	restions for Reporting Purp	Last Name				
<sup>16.</sup> What kind of debts do you have?	16a. Are your debts prim "incurred by an indiv No. Go to line 16 Yes. Go to line 1 16b. Are your debts prim money for a busines. No. Go to line 16 Yes. Go to line 1	ur debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as ad by an individual primarily for a personal, family, or household purpose."  Go to line 16b.  Go to line 17.  Ir debts primarily business debts? Business debts are debts that you incurred to obtain for a business or investment or through the operation of the business or investment.  Go to line 16c.				
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	expenses are paid  No.	napter 7. Do you estimat		ty is excluded and administrative creditors?		
18. How many creditors do you estimate that you owe?	<ul><li>✓ 1-49</li><li>✓ 50-99</li><li>✓ 100-199</li><li>✓ 200-999</li></ul>	house .	5,000 [ 10,000 [ 1-25,000 [	25,001-50,000 50,001-100,000 More than 100,000		
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,00 \$50,00	0,001-\$10 million [ 00,001-\$50 million [ 00,001-\$100 million [ 000,001-\$500 million [	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$10,00 \$50,00	0,001-\$10 million [00,001-\$50 million [00,001-\$500 million [00,001-\$500 million [000,001-\$500 million [000,001	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
	I have examined this petitic	on, and I declare unde	penalty of periury that the i	nformation provided is true and		
	correct.  If I have chosen to file under of title 11, United States Counder Chapter 7.  If no attorney represents me out this document, I have or I request relief in accordance I understand making a false connection with a bankrupt	have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 cittle 11, United States Code. I understand the relief available under each chapter, and I choose to proceed der Chapter 7.  o attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  quest relief in accordance with the chapter of title 11, United States Code, specified in this petition. Inderstand making a false statement, concealing property, or obtaining money or property by fraud in the innection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or h. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
	Executed on7/11/20	017 / DD / YYYY	Executed on	MM / DD / YYYY		

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 66 of 69

Fill in this infor					
	mation to identify your ca	SO.			
Debtor 1	Lester				
20210, 1	First Name	A Middle Name	Reed		
Debtor 2		whole Name	Last Name		
(Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States B	Bankruptcy Court for the:	Northern	District of Illinois		
Case number			(State)	_	
(If known)				-	
Official I	Form 106Dec	2		Check if amended	
Declarati	ion About an Iı	ndividual Debt	or's Schedules		12/
If two married p	people are filing together	, both are equally respon	sible for supplying correct	information	
	nis form whenever you file orty by fraud in connection 1341, 1519, and 3571.	e bankruptcy schedules α π with a bankruptcy cas	or amended schedules. Make can result in fines up to \$	ring a false statement, concealing property, or obtainin 250,000, or imprisonment for up to 20 years, or both. 1	na
				,,	8
Part 1: Sign					8
Part 1: Sign	Below				8
Part 1: Sign	Below		ey to help you fill out bankru		8
Part 1: Sign Did you pa	Below		ey to help you fill out bankru	uptcy forms? ition Preparer's Notice. Declaration, and	8

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

MM/DD/YYYY

Date 7/11/2017

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 67 of 69

Debtor 1		A	Reed	Case number (if known)
	First Name	Middle Name	Last Name	
28. Wi	editors, or other par	ties.	d you give a financial staten	nent to anyone about your business? Include all financial institutions
L	Yes. Fill in the deta	alis delow.		
			Date issued	
	Name		MM/DD/YYYY	_
	Number Street		<del></del>	
	City	State Zip Code		
Part 12:	Sign Below			
true a ba	nkruptcy case can r	rstand that making a false esult in fines up to \$250,00	statement, concealing prop 00, or imprisonment for up to	erty, or obtaining money or property by fraud in connection with 5 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
		ature of Debtor 1		Signature of Debtor 2
	Date 7	11/2017		Date
Did y	ou attach additiona	l pages to Your Statement	of Financial Affairs for Indiv	iduals Filing for Bankruptcy (Official Form 107)?
띨	No Yes			
Did y	ou pay or agree to μ	pay someone who is not an	attorney to help you fill out	bankruptcy forms?
V ·	No			
	Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

# Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 68 of 69

Deb	tor 1 Lester First Name	A MALLE N	Reed	Case number (if known)	
	The state of the experience of the state of	Middle Name	Last Name	The second secon	
16.	Calculate the median	family income that applies to y	ou. Follow these step	os:	
	16a. Fill in the state in w	vhich you live.	Illinois	_	
	16b. Fill in the number of	of people in your household.	1	_	
	16c. Fill in the median fa	amily income for your state and si	ze of		\$50,765.00
	household		To fin	d a list of applicable median income amounts, go online	
17			or this form. This list r	nay also be available at the bankruptcy clerk's office.	
17.	How do the lines comp				
	under 11 U.S.	is than or equal to line 16c. On the C. § 1325(b)(3). <b>Go to Part 3.</b> Do	e top of page 1 of this NOT fill out <i>Calculat</i>	s form, check box 1, <i>Disposable income is not determined ion of Disposable Income</i> (Official Form 122C-2).	
	U.S.C. § 1325	ore than line 16c. On the top of p. i/(b)(3). <b>Go to Part 3 and fill out</b> our current monthly income from li	Calculation of Dispo	eck box 2, <i>Disposable income is determined under 11</i> sable Income (Official Form 122C-2). On line 39 of that	
Part		commitment Period Under		o)(4)	
18.		e monthly income from line 11			\$646.00
19.	Deduct the marital adj commitment period und	ustment if it applies. If you are er 11 U.S.C. § 1325(b)(4) allows	married, your spouse you to deduct part of	is not filing with you, and you contend that calculating the your spouse's income, copy the amount from line 13.	
	19a. If the marital adjust	ment does not apply, fill in 0 on li	ne 19a.	to the two states of the control of	-\$0.00
	19b. Subtract line 19a	from line 18.			\$646.00
20.	Calculate your current	monthly income for the year. F	ollow these steps:		
	20a. Copy line 19b.				\$646.00
	Multiply by 12 (the	number of months in a year).			x 12
	20b. The result is your or	urrent monthly income for the yea	r for this part of the fo	om.	\$7,752.00
	20c. Copy the median fa	amily income for your state and size	ze of household from	line 16c.	\$50,765.00
21.	How do the lines comp				
	Line 20b is less than commitment period	l line 20c. Unless otherwise order is 3 years. Go to Part 4.	ed by the court, on th	e top of page 1 of this form, check box 3, The	
	Line 20b is more that 4, <i>The commitment</i>	an or equal to line 20c. Unless oth period is 5 years. Go to Part 4.	erwise ordered by the	court, on the top of page 1 of this form, check box	
Part	4: Sign Below				
	By signing here I de	clare under penalty of porjung that	the information on the	is statement and in any attachments is true and correct.	
	by oighing hore, i de	A A	the inompation on th	is statement and in any attachments is true and correct.	
	🗴 /s/ Lester Re	ad Wat I			
	Signature of Deb	1/10/11-10-3	267	Signature of Debtor 2	
	Date 7/11/201	7		5.1	
	MM/DD/Y			Date MM/DD/YYYY	
	16 at	L MOT 7%	_		
	If you checked 17a, or If you checked 17b, above.	do NOT fill out or file Form 122C- fill out Form 122C-2 and file it wit	2. h this form. On line 3	9 of that form, copy your current monthly income from line	14

Case 17-20656 Doc 1 Filed 07/11/17 Entered 07/11/17 16:05:20 Desc Main Document Page 69 of 69

#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Reed, Lester A  Debtor(s)	Case No	Case No		
		Chapter.	Chapter13		
	VERIF	ICATION OF CREDITOR MAT	<b>TRIX</b>		
Tì knowledge	he above named Debtors hereby ve e.	rify that the attached list of creditors is tr	rue and correct to the best of their		
Date:	7/11/2017	/s/ Reed, Lester A Reed, Lester A Signature of Deb			